

California Department of Education
Office of School Transportation
3500 Reed Avenue, West Sacramento, CA 95605 916 375-7100

**Mountain Driving Instructor Training
Program Application**

Name _____ Instructor ID# _____
(First) (MI) (Last)

Home Address _____
(Street)

(City) (State) (Zip)

Phone # _____ Fax # _____

Driver License # _____ DL Restriction _____

Special Cert. Rest. _____ Instructor Cert. Rest. _____

Employer _____

Mailing Address _____
(Street)

(City) (State) (Zip)

Phone # _____ Fax # _____

Email _____

Please check the appropriate space(s) if your fleet operates the following equipment:

Type I Buses: Transit _____ Conventional _____

Transmission: Automatic _____ 5sp _____ 10sp _____ Other (explain) _____

Retarder: Transmission _____ Drive Line _____ Engine _____ Other (explain) _____

Brake System: DAS _____ SBM _____ Other _____

Class Attendance

Participants will be chosen on a first come first served, space available basis.
Please include month and class number for your choice below.

1st Choice _____ 2nd Choice _____